Thank you so much for volunteering your time to provide services and resources to our service members, veterans and their families.

We ask that you please complete the following registration packet. Included are Booth Policies and Procedures, a two-page registration form, and a consent and liability form. While only one registration form is needed for your group, a consent and liability form must be signed by each person who will be working your booth.

The form covers the following areas to protect our volunteers, service members and veterans:

* *Consent to Participate and Release Liability*
* *Oath of Confidentiality*
* *Consent to Interview and Photograph*

# Stand Down: Expectations and Schedule

[DATE]

Set-up Hours

xxx a.m. Set-up begins

xxx a.m. Set-up complete

Service Hours

xxx a.m. Veterans will be released into the building for services

xxx p.m. Outer doors will be closed, to finish serving guests.\*

xxx p.m. Booth tear-down begins.

\* Booths should be staffed at all times during the event, to allow all veterans to be served. Please have enough staff, representatives and assistance to ensure this will happen. The last veteran will be allowed into the building for services at [XX:XX} p.m.

## After the Stand Down

Before leaving, please help us by picking up all trash in and around your booth, collecting all left-over products, and assisting in tearing down the rest of the event, if you are able.

# Stand Down: Booth Policies and Procedures

Registration forms, signed policies and procedures should be received no later than [TIME AND DATE]. Due to logistical preparation, late registrations might not receive a booth. Please send your forms via mail, email or fax:

[ORGANIZATION mailing ADDRESS, EMAIL AND FAX NUMBERS]

Each booth will include one table and two chairs. Please submit any other special requests on the registration form.

You may decorate your area as you choose (including tablecloths, banners, flyers, and backdrops, etc.), explaining your agency and services offered at the event. You will not be able to hang any signage on the walls or from the ceiling so please make sure your decorations are able to be freestanding. Organizations/individuals must supply their own signage. Tabletop signage indicating the services you are providing is requested in order to help veterans in easily identifying your services.

Technology (phone, Internet access, or power) is not guaranteed. Please indicate what technology equipment and services you would like, and what equipment you would like to bring with you. You will be contacted so we can work to meet your technology needs.

No inappropriate solicitation is allowed. This includes offering services that cannot be rendered or are misleading regarding the services that will actually be provided, and includes services that could be harmful to veterans or take advantage of the veterans’ current situation.

# Stand Down: Registration

Please complete the registration for participation at the Stand Down.

## Service Provider Information

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: (please circle) MR. MRS. MS. DR. OTHER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Organization: (please check box)

🞏 For-profit 🞏 Non-profit 🞏 Government Agency 🞏 Faith Based

Other:

Please describe the service you will be providing at your booth:

Please describe the services you can provide to veterans after the Stand Down:

## Booth Staff

Name: Time Staffing Booth Are you a Veteran?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 Yes 🞏 No

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 Yes 🞏 No

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 Yes 🞏 No

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 Yes 🞏 No

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 Yes 🞏 No

## Booth Needs

One table and two chairs will be provided.

Do you need electricity? 🞏 Yes 🞏 No

Please indicate what office equipment you will be bringing to the event:

Please indicate what office equipment you would benefit from if it can be made available:

For questions or concerns, please contact [CONTACT INFORMATION].

# Stand Down: Consent and Oath of Confidentiality Form

## Consent to Participate and Release Liability

By attending this event, this organization understands that they are participating in activities related to the Stand Down by choice.

This organization/individual agrees to release [ORGANIZATION] from any liability for an injury or illness to this organization/individual during participation with the Stand Down. We/I assume full responsibility for risk of bodily injury or property damage incurred by the organization/myself arising either directly or indirectly from its/my participation in the Stand Down, from any cause whatsoever.

## Oath of Confidentiality

We respect the privacy and privacy rights of the people we serve. This organization/individual understands that the purpose of gathering and sharing private information is to improve services and resources for our veterans and their families and sharing of personal veteran information will be limited to that which will help achieve this purpose.

## Consent to Interview and Photograph

I hereby agree that I may be interviewed and/or photographed/videotaped and that the interview/photos/videos are obtained with my full knowledge. I understand the interview/photos/videos that are obtained can be used without any compensation of any kind being furnished to me.

We/I understand and agree to the booth policies and procedures.

Booth Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Booth Staff Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For questions or concerns, please contact [CONTACT INFORMATION].